UNITED NATIONS **DP**

Executive Board of the United Nations Development Programme and of the United Nations Population Fund

Distr.
GENERAL

DP/FPA/1997/10 (Part III)
3 March 1997

ORIGINAL: English

Annual session 1997
12-23 May 1997, New York
Item 3 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND

REPORT OF THE EXECUTIVE DIRECTOR FOR 1996 EVALUATION ACTIVITIES

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I. EVALUATION ACTIVITIES

1. The evaluation of UNFPA programme activities takes place at a number of different levels. All projects are reviewed annually by pertinent national authorities, UNFPA and the involved executing agencies, and joint decisions are taken about project implementation. These reviews are based on reports prepared by the Government, which assess the technical, administrative and financial aspects of the project. At the end of the project, a final review is conducted with all participating parties to assess the degree to which the project has succeeded or or failed in meeting its objectives. In addition to this regular procedure, there are external evaluations at the mid-term and end of a project using national and/or international consultants or UNFPA Country Support Team (CST) advisers, or a combination of these, as evaluators. This meant that in 1996 external evaluations were conducted in approximately one-fifth of the total number of country-level projects. These evaluations provided signals for mid-course adjustments and lessons learned that proved instructive to both national authorities as well as UNFPA.

2. In 1996, UNFPA conducted a total of 36 programme review and strategy development (PRSD) exercises: 19 in sub-Saharan Africa, 7 in Latin America and the Caribbean, 4 in Asia and the Pacific, and 6 in the Arab States and Europe. These exercises are the main internal UNFPA tool for evaluating a country programme that is near completion and for making recommendations for the next programming cycle. In addition, four country programmes were evaluated by external consultants: Bhutan, Cuba, Democratic People's Republic of Korea (DPRK) and Papua New Guinea. In all cases, the findings provided direct inputs into subsequent programming. The findings of selected country programme evaluations are summarized below.

3 With respect to interregional programmes, which are approved and implemented on a four-year cycle, sets of projects or specific major projects were selected for external evaluations. In financial terms, approximately 50 per cent of the 1992-1995 programme was evaluated. In other words, the budgets of the programmes evaluated amounted to about half of the programme funds spent in the four-year period. The results of these evaluations were applied in programming for the 1996-1999 cycle, for example with respect to the reproductive health programmes and the Global Programme of Training in Population and Development.

A. Selected country programmes

1. Democratic People's Republic of Korea

4. In October 1996, an evaluation of the second country programme of the Democratic People's Republic of Korea took place to analyse the design, implementation and performance achievements

of the programme and to provide recommendations for the Fund's third programme of assistance to that country. The second country programme was approved by the Governing Council in the amount of $6 million and originally covered the four-year period 1990-1993. It was twice extended, without additional resources, for a total of three years up to the end of 1996. The evaluation found that the design of the country programme was by and large consistent with the framework approved by the Governing Council. At the same time, it noted with concern that gender issues were neither addressed through specific projects nor systematically mainstreamed in other projects.

5. The generally low implementation rates and overall weak performance of the country programme in terms of producing sustainable outcomes are attributable to a series of policy, institutional and managerial constraints. In addition, technical backstopping of programme activities was found to be unsatisfactory, although a significant improvement in this regard was noted in 1995-1996 as a result of concerted efforts by the UNFPA Beijing office and the Fund's Bangkok-based CST.

6. The evaluation provided a number of lessons learned for application in the future with respect to strategic focus as well as execution modalities, given that the DPRK is categorized as a "C" country in the new system for allocation of UNFPA resources. In this connection, the need to focus more on the demand side of reproductive health counseling and service delivery and to take steps to ensure a sustainable supply of contraceptives was underscored. The recommendations of the evaluation have generally been accepted by UNFPA and will form the basis for the consultations with the Government on the next phase of support. In this connection, the course of action recommended by the evaluation for programme preparation and development will be implemented.

2. Papua New Guinea

7. An evaluation of the UNFPA-assisted country programme in Papua New Guinea was carried out in November. The evaluation found that the country programme has partially met two of its three immediate objectives, namely to strengthen institutional coordination and monitoring arrangements for the implementation of the national population policy, and to increase the level of awareness and understanding among politicians, religious leaders and planners of the interrelationship between population and development. Only limited progress has been made, however, towards achieving its third immediate objective, which was to facilitate the expansion of maternal and child health and family planning (MCH/FP) service delivery and improve the capacity of the health system and other community-based networks in service delivery.

8. The design of the programme was found to be overly ambitious with too many activities in diverse sectors and too high an expected level of impact for the amount of assistance. A consequence

has been that the programme framework has not provided a useful guide for prioritizing activities or for evaluating programme effectiveness.

9. The on-going fundamental reforms in government structure, the enormous challenges in the social sector, and the involvement of many donors had placed a serious strain on the meagre national human resources to absorb technical and financial inputs. The evaluation found that the UNFPA country office has shown great flexibility in the often difficult management of the programme. Both multilateral and national execution of projects were plagued with delays and required time-consuming involvement by the country office. The evaluation team found that national execution had not always led to ownership of the projects or to capacity-building, but had instead overburdened government staff with additional duties. The team also noted that when local or international non-governmental organizations (NGOs) are engaged as executing agencies, the need for proper guidance, intensive collaboration and support should be anticipated. On the other hand, it was clear that the UNFPA country office had been able to promote better collaboration between the Government and the NGOs.

10. In the area of reproductive health, a proposed major project in service delivery encountered severe delays and had yet to be operationalized. The lesson learned is that in planning interventions in the area of reproductive health, special attention should be paid to reaching agreement with the Government on the most pressing reproductive health problems and to take into account the related activities of other donors.

11. The evaluation found that the country programme was built on an outdated model of women-in-development largely restricted to women's reproductive life. Its implementation has, however, taken a more up-to-date approach with the strong promotion of gender concerns in the advocacy activities and in the population education programme in schools. The evaluation team was impressed with the magnitude, innovation and quality of advocacy activities in strategically chosen areas undertaken by the UNFPA country office.

12. The present programme was planned for 1992-1996 and has been extended for one year, until the end of 1997. Thus there will be ample time to take the conclusions, recommendations and lessons learned from the evaluation into account in future programming.

B. Thematic evaluations

1. UNFPA support to traditional birth attendants (TBAs)

13. A thematic evaluation was conducted to assess the effectiveness of UNFPA's support to TBAs as a strategy to improve MCH/FP services and to develop recommendations for future assistance in the area. In 1996, a synthesis of the findings and conclusions of eight country case studies (Bolivia, Ghana, Islamic Republic of Iran, Malawi, Nepal, Syrian Arab Republic and Uganda)

was prepared. This global report will be ready for distribution in early 1997. Evaluation findings showed that UNFPA, through its support to training programmes, has contributed to achieving the defined objectives for supporting TBAs. These objectives are: (a) to enhance the links between modern health-care services and the community; (b) to increase the number of births attended by trained birth attendants; and (c) to improve the skills, understanding and stature of TBAs.

14 The evaluation concluded that TBA programmes should be supported in countries where a large proportion of the population still does not have access to health services and where trained TBAs are the only means by which women in rural communities have access to a clean delivery. In this context, support to TBA programmes should be a strategy to complement programmes directed at improving the quality and access to services in the formal health system.

15. The evaluation highlighted important limitations to the effectiveness of TBA programmes. TBA programmes supported by UNFPA were often vertical and focused only on training activities, paying insufficient attention to developing follow-up systems to support, supervise and evaluate trained TBAs. In addition, the quality of TBA training was found to be deficient, and supervision of trained TBAs was also acutely limited in almost every country, due to lack of funds, lack of transportation and limited staff. Most programmes also had difficulties maintaining adequate supplies for TBAs to conduct clean deliveries, as replenishment of supplies was often planned in conjunction with supervision visits which tended to be infrequent. Criteria for referral and the quality of care at referral sites were other issues of concern.

16. The evaluation recommended that TBA programmes, where undertaken, should be part of the broader strategy to improve reproductive health. In addition, due account must be taken of issues related to adequate supervision, transportation and provision of supplies. The quality of TBA training programmes could be improved by conducting an assessment beforehand of the communities' health beliefs and practices. This would ensure the appropriateness of the content and methodology of the training.

17. The evaluation also underscored the need to develop effective referral systems, taking into account the conditions for referral (time, cost, transportation, etc.) and the capability of health facilities to provide services for obstetric complications. In this regard, it was emphasized that special attention should be given to improving the quality of care provided at the referral site.

18. The lessons learned from this evaluation will be applied in future UNFPA support for TBA programmes since, as already stated, TBAs remain the only source of reproductive health care to rural women in many countries. At the same time, the limitations to the range of services that TBAs can provide must be recognized. In addition, follow-up supervision and adequate supplies are critical elements that must be factored into future programming. Finally, TBA programmes cannot and must

not displace efforts to improve the quality as well as coverage of the formal health-care system Towards this end, TBAs should be considered a key partner since they can provide information on the communities' perceptions and needs regarding health issues.

2. Adolescent reproductive health

19. In 1996, the field work on the thematic evaluation of adolescent reproductive health programmes was completed, thus making a total of nine case studies: Antigua and Barbuda, Chile, Colombia, Indonesia, Jamaica, Kenya, Senegal, Sri Lanka and Thailand. The evaluation found that countries are giving greater attention to adolescent reproductive health, although policies are usually articulated within a larger MCH/FP framework. International conferences, such as the International Conference on Population and Development (ICPD), and the emerging AIDS crisis have helped to focus urgent attention on adolescent reproductive health, but policy development on adolescent reproductive health still tends to be in an early stage. For this reason and because of cultural sensitivities and inadequate procedures, translation of these policies into programme plans and actions remains weak.

20. An important component of adolescent reproductive health programmes has been family life education. The evaluation found that family life education activities in schools vary considerably among the countries studied, but nearly all case studies report the need to strengthen curricula, define or set minimum standards, and monitor and assist teachers -- especially those who feel uncomfortable and ill prepared -- and evaluate outcomes.

21. With a few exceptions, most government health agencies have not developed specialized reproductive health services for adolescents. Pilot projects, often with UNFPA assistance, are increasing, as is interest in serving this population. Unmarried adolescents, even when they face no formal barriers, tend to avoid public family planning/reproductive health services both because of real and perceived provider attitudes and because of their own special needs and interests. In addition, it was noted that although too-early pregnancy and other issues related to adolescent reproductive health disproportionately affect women, Governments, NGOs and the private sector are only beginning to view these concerns as gender issues.

22. Service provision for adolescents is a key factor in improving their reproductive health, but such services must be accepting of young people and acceptable to them. One of the greatest barriers identified in several case studies is the judgmental attitudes of service providers. Thus, sensitization merits priority attention. Furthermore, adolescents must be attracted to the service. In addition, the evaluation highlighted that helping young people to prevent the first pregnancy and/or HIV infection -- and not waiting until pregnancy and/or infection has already occurred to provide treatment -- is a more effective way of improving adolescent reproductive health.

23. Public education, usually in the form of varying media formats, is an essential action for sanctioning discussion of adolescent reproductive health, promoting awareness of its dimensions, developing consensus on what is needed, providing role models for young people and informing them of where to obtain assistance. The potential of different media needs to be more fully exploited in future programmes. In this connection, the findings of the evaluation also underline the need for more sociocultural research to identify constraints to addressing adolescent reproductive health issues.

24. The evaluation highlighted a number of lessons learned for future application, according to the stage of programme development in a country. Where countries are hesitant to take on adolescent reproductive health issues, there are actions that can be undertaken to crystallize the issue, identify its dimensions and clarify its acceptability, while demonstrating -- through research, needs assessments, statistics and programme data -- that adolescents are an underserved population with specific health and education-for-life needs. In such cases, country plans and projects could forego formal policy development and endeavour to build upon existing activities or related issues and use international consensus as a base for action.

25. The conclusions and lessons learned from this evaluation are very timely because, following the ICPD, many Governments have come to recognize the importance of meeting the reproductive health needs of adolescents. For this reason, UNFPA has received many requests for assistance to programmes targeting this population group specifically. This has been particularly evident in the Latin America and Caribbean and the Africa regions where public dialogue on adolescent sexuality has gained acceptance.

C. Assessment of technical support services (TSS) specialist posts

26. The Executive Board, in its decision 95/34 authorizing a second phase of support of the TSS system, requested an assessment of the "appropriateness and effectiveness" of the specialist posts supported at the headquarters and regional offices of participating United Nations organizations within the framework of the Fund's technical support services system. The Board specifically requested details of measures taken to strengthen the team work between TSS specialists and Country Support Teams and to strengthen the advocacy function of TSS specialists.

27. The assessment was implemented as an external evaluation exercise. The evaluation team held consultations with the staff and the TSS specialists of all participating United Nations organizations in the TSS system, namely, the ILO, FAO, UNESCO, WHO and the United Nations Population and Statistics Divisions. Meetings were held with UNFPA staff at its headquarters as well as in Geneva. In addition, the team visited the three regional commissions participating in the system -- Economic Commission for Africa (ECA), Economic and Social Commission for Asia and the Pacific (ESCAP)

and Economic and Social Commission for Western Asia (ESCWA) -- and three of the five WHO regional offices in which UNFPA has agreed to fund TSS posts, namely, WHO Regional Office for the Western Pacific (WPRO) in Manila, WHO Regional Office for South-East Asia (SEARO) in New Delhi and WHO Regional Office for Europe (EURO) in Copenhagen. The Country Support Teams in Bangkok, Addis Ababa and Amman were interviewed, while the views of the other teams were sought through a questionnaire.

28. The evaluation team endeavoured to understand the current activities of the TSS specialists and to identify the facilitating as well as impeding factors in present arrangements of achieving the objectives of these posts. The team also studied the nature of the supply and demand for TSS specialist services both within their own agencies and within UNFPA. The constraints and impediments to the TSS specialists interacting with the Country Support Teams were reviewed, as were the factors that might detract from successful advocacy work by the specialists within their own agencies.

29. UNFPA will report to the Executive Board on the findings, conclusions and recommendations of the evaluation as well as the position it will take in September 1997. The preliminary assessment is that the TSS system, as it is currently structured, has certain systemic problems that have been and will continue to be difficult to surmount. The options to resolve these difficulties will require careful analysis and consultations with participating organizations. The premises that underpin the course of action to be taken are that, first, UNFPA should continue to support United Nations collaboration and should draw on the strengths of the organizations in the United Nations system; second, that UNFPA is ultimately accountable to its donors, programme countries and governing bodies for funds spent; and finally, that while support of other United Nations partners and support for advocacy are important, ultimately UNFPA must ensure that expenditures result in demonstrable impact.

D. Evaluation of execution modalities

30. In response to the Executive Board's request, at its annual session 1994, to conduct an evaluation of executing agencies, UNFPA completed the first phase of this evaluation in 1996. The objectives of the evaluation are twofold: (a) to conduct a systematic assessment of the experience with various execution modalities in support of UNFPA-supported country programmes; and (b) to develop a set of criteria and performance standards that may be used by UNFPA in the future in its selection of execution modalities.

31. It is important to underscore that this evaluation assesses the "modalities" to execute or deliver UNFPA-supported programmes rather than the executing agencies themselves. Project execution is defined as a set of managerial tasks and activities carried out by an agency in order to assist UNFPA in fulfilling its mandate. These activities and tasks were classified according to the end state they are designed to accomplish, which are: capacity development; institution building;

programme/project formulation; technical assistance; management of fellowships and scholarships; procurement of equipment and supplies; management of finances; and monitoring and evaluation. The performance standards for assessing these activities were identified through a field survey of UNFPA Representatives seeking their views on the most important characteristics that determine the quality of performance of an executing agency.

32. The activities undertaken in 1996 included development of the evaluation design, a desk review of execution modalities used in projects in eight selected countries (Brazil, Burkina Faso, Cambodia, Jordan, Niger, Philippines, Yemen and Zambia), interview of executing agencies and international NGOs in New York, and the fielding of three evaluation missions covering the eight country case studies. In early 1997, an evaluation team will visit the headquarters of various executing agencies. A synthesis of the findings and conclusions of the eight country case studies will be made and published as a global report.

E. Evaluation of UNFPA's staff training programmes

33. As commended by the Advisory Committee on Administrative and Budgetary Questions (ACABQ) and requested by the Executive Board in decision 95/35, UNFPA organized in 1996 an evaluation of its staff training programmes. The objectives of the evaluation are to assess the cost-effectiveness of UNFPA's staff training programmes undertaken in the period 1992-1996 and to provide recommendations for strengthening future staff training efforts. Towards these ends, the evaluation will make a cost-benefit analysis of UNFPA staff training programmes with particular focus on selected training conducted in the forementioned time period and determine whether these courses have enhanced the technical, managerial and administrative capabilities of its staff and thus improved job performances. It is expected that the recommendations will enable the Fund to strengthen the effectiveness, efficiency and economy of future training programmes, while ensuring their responsiveness to organizational needs.

34. The principal training activities evaluated are group training events that include orientation workshops as well as more focused workshops on programme techniques, finance management, accounting procedures, management, and communication skills. Some of these workshops were conducted by external trainers or institutions, others exclusively by UNFPA staff. Resources allocated to these courses constitute 70 per cent of training expenditures in the period under review, and approximately 450 staff members have been trained through these workshops.

35. Since the bulk of UNFPA's training resources have been used for training field staff, the evaluators visited six country offices, two each in Africa and Asia and the Pacific, and one each in Arab States and Europe and in Latin America and the Caribbean. In addition, interviews and an

electronic-mail survey were used to collect information from a selected sample of trainees and their supervisors in other country offices and at headquarters.

36. The evaluation was completed at the end of January 1997. A report on its findings will be submitted, through the ACABQ, to the Executive Board at its third regular session 1997

II. MEASURING PERFORMANCE AND ENSURING ACCOUNTABILITY

37. UNFPA has undertaken various concrete steps to measure programme effectiveness and ensure accountability. These include, among others, training in logical framework techniques in programme development; conduct of policy application reviews; participation in inter-agency initiatives concerning monitoring and evaluation; and establishment of an internal organizational unit for monitoring the follow-up to the results of various oversight functions.

A. Logical framework

38. In an effort to improve its monitoring and evaluation of the delivery of country programme activities, UNFPA conducted a series of workshops to introduce staff to the logical framework techniques and to equip them with knowledge on their application at programme, sub-programme and component/project levels.

39. The logical framework provides a concise, but comprehensive, summary of the main elements of a programme or sub-programme, explains the reasoning behind the programme in terms of planning and implementation, and maps out explicit criteria for monitoring and evaluation. Overall, the logical framework is to be applied at every level of programme/sub-programme/project development and is meant to be able to measure, at any given time, the progress (or lack of progress) in project implementation.

40. The framework takes the form of a matrix and encompasses a step-by-step process of programme/sub-programme development. It identifies goals that are related to one of the priority ICPD themes and indicates the ultimate reasons for the programme. For each goal, it delineates the purpose, which expands the goals in terms of use of services; the outputs, which are the finished products expected at the completion of the programme/sub-programme; and the activities, which comprise everything that should be done to achieve the outputs.

41. For each level of the matrix, the logical framework also includes a set of performance indicators, verifiable measures and assumptions. The performance indicators provide some judgement as to the success of the project in meeting the goals, purpose and outputs. The means of verification identifies all the ways in which action at any level can be verified as having been completed. At each

level, risks and assumptions are analysed. These may be internal or external to the project and may include incidents that are out of immediate control.

42. These techniques, together with stakeholder analysis and tools to assess capacity, are being incorporated into UNFPA's regular staff training programme and into programming guidelines.

B. Policy application reviews

43. Policy application reviews were conducted in seven countries in 1996 -- three in Africa, one in Asia and the Pacific, one in Arab States and Europe and two in Latin America and the Caribbean. Thus, a total of eight of such reviews have been conducted to date. These reviews, which are internal exercises, examined in depth the processes of programme development and implementation in order to ascertain that appropriate mechanisms to ensure accountability are in place and are being utilized by UNFPA staff. The opportunity was also taken in each case to assess the relevance and ease of understanding of UNFPA policies and procedures and to identify areas where greater clarity in programme policy and technical guidance are needed.

44. The findings of these reviews have been very informative in that they not only provide senior management with snapshots of how selected country offices are managing their programme managerial and advisory roles in the post-ICPD era, but also serve as a conduit for field staff to comment on the nature and quality of support they receive and need to receive from the CSTs and from UNFPA headquarters. These reviews have provided invaluable inputs to the ongoing process of streamlining and rationalizing guidelines and procedures to make the Fund a more responsive as well as effective organization.

45. On the policy level, the programmes reviewed were found to fall within UNFPA's mandate. In all cases, the country offices are adapting to the post-ICPD environment and to the Fund's new focus on three thematic areas. The reproductive health approach is well received; it presents no conceptual difficulty, but translating the concept into operational terms continues to be a major challenge. Expert group consultations and workshops are being organized to address this. The area of population and development strategies is regarded as a broad enough concept to provide programming flexibility, but explicit guidance is needed with regard to population and the environment and migration issues. Advocacy as a thematic area presents conceptual difficulty in practically all cases. The transformation from women, population and development to the broader based gender approach is evolving; it has tended to be cosmetic rather than programmatic at present.

46. With respect to programme procedures, it has been found that decentralization has clearly been a facilitating factor in expediting responses and programming actions. The umbrella project built

into every country programme is another mechanism that has broadened the country offices' sphere of action.

47. Execution modality and its selection present a number of problems. Country offices are in need of clear guidelines on assessing capacity for project execution. All reviewed programmes have to some extent utilized national NGOs for programme implementation. Some form of capacity-building is entailed in most instances of collaboration with national NGOs; such efforts need to be rationalized by a set of clear criteria on what capacity is needed to execute projects and on selection of NGOs as executing agencies. All country offices reviewed actively sought out and used national experts for various programming and technical tasks. The ongoing evaluation of execution modalities and of the Programme Manual under preparation are steps to respond to these needs.

48. The nature and level of interaction with the CSTs varied significantly among programmes. The overloaded CSTs and the difficulty in anticipating technical inputs required in advance have posed problems for the use of the technical backstopping plan mechanism.

49. Programme management, monitoring and evaluation continued to present challenges to the country offices; the increasing emphasis on substantive monitoring in particular requires the identification and use of indicators of qualitative aspects. Problems with monitoring were exacerbated by the decentralization policy of Governments and expansion of the pool of executing/implementing agencies, both of which increase the workload of the country offices. Although project evaluations are not mandatory, planned project evaluations were conducted, often by national consultants, and the results of these were used in subsequent programming.

50. In terms of joint activities with other United Nations organizations, different approaches have been used from explicit co-sponsorship of programmes to an "add on" approach. Operational guidance on how to undertake joint programming is needed to promote more efforts in this regard. By the same token, procedures for cost-sharing in programmes are also needed. UNFPA intends to learn from the experience of its partner organizations in the United Nations system in these areas.

51. Each policy application review also identified issues specific to the programme/country office that require follow-up action. These relate, inter alia, to promotion of national ownership, training needs of field staff, project appraisal processes, and procurement. The Executive Director, in consultation with the UNFPA Executive Committee, determines follow-up action needed, and responsible parties are assigned. The Office of Oversight and Evaluation is responsible for monitoring the implementation of prescribed action.

C. Interagency collaboration

52. As part of its effort to continue promoting institutional development, UNFPA has contributed to, as well as kept abreast of, UNDP's major initiative with respect to developing a system for organizational performance measurement. The Fund also contributed towards the effort of the Joint Consultative Group on Policy (JCGP) to define common guidelines for monitoring and evaluation. On a system-wide level, UNFPA is fully committed to the implementation of General Assembly and ECOSOC resolutions pertaining to monitoring and evaluation and is actively engaged in dialogue with the United Nations on follow-up action. It continues its active participation in the technical discussions on monitoring and evaluation issues in the Inter-Agency Working Group on Evaluation.

53. UNFPA participated in the UNAIDS Programme Coordinating Board (PCB) Working Group on Indicators and Evaluation and was instrumental in the development of the broader conceptual framework for the monitoring and evaluation of the UNAIDS programme. The UNFPA focal point on UNAIDS programme monitoring and evaluation participated in the UNAIDS Performance Monitoring and Evaluation Design Workshop (Geneva, 21-22 November 1996), which focused on the design and refinement of UNAIDS' evaluation frameworks in general and on the design of performance indicators related to the four medium-term objectives of UNAIDS in particular.

D. Office of Oversight and Evaluation

54. In late 1996, the Executive Director established the Office of Oversight and Evaluation, an independent organizational unit accountable directly to her to provide a focal point for monitoring follow-up to the results and products of various oversight functions. The Office is responsible for ensuring that the findings and recommendations of all oversight functions at UNFPA, including, inter alia, audits, policy application reviews and evaluations, are acted upon and, as necessary, reflected in decision-making on organizational management, policies and procedures. In this connection, it will also make proposals for UNFPA institutional development. Towards this end, the Office will monitor and identify trends in the findings of internal and external audits, policy application reviews and evaluations in order to propose remedial measures to address weaknesses in organizational and programme processes. In addition, it will manage the conduct of policy application reviews, thematic evaluations and ad hoc independent evaluations of major projects/programmes.